

Basic Documentation

Course Dates:

April 19, 2006
Florence, SC

June 14, 2006
Columbia, SC

August 16, 2006
Charleston, SC

October 18, 2006
Greenville, SC

**All trainings will begin promptly at 9 a.m.
Participant Sign-in is 8:30 a.m.**

Registration form

For registration, cancellation, or course Information contact:

James Harris, Jr.
STD/HIV Division Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhcc.sc.gov

***Deadline for registration is 15 business days
prior to the training.***

Course Description:

This 1-day workshop will provide case managers with an overview of the components necessary for effective documentation. The course will review examples of actual documentation, providing participants with visuals and hand on experience to enhance and promote client centered care.

Topics to be discussed are:

- > Basic Documentation Overview
- Do's and Don't of documentation
- Sharing and Releasing Information
- Measuring Outcomes

Prerequisites:

N/A

Audience:

Program Directors, case managers, social workers, DIS, and other health services professionals that are required to document in medical record .

Instructor (s):

Mamie Elmore, LMSW

Training Hours:

7 (we need to discuss the hours . Lunch time and breaks missing). Not sure if I can talk for 7 hours-smile.

Continuing Education Units available.



STD/HIV Division

Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed.**

Name: _____
District or Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Evening: _____
Fax: _____
E-mail Address: _____

Type of Agency (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | | <input type="checkbox"/> Other _____ |

Mark the course date and location you are requesting:

Basic Documentation

___ April 19, 2006	Florence, SC
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___ October 18, 2006	Greenville, SC

Supervisor's Signature: _____

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573.